

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2	1							
3	1							
4	1							
5		4						
6		4						
7		4						
8		4						
9		4						
10		4						
11		4						
12		4						
13		4						
14		4						
15		4						
16		4						
17		4						
18		4						
19		4						
20		4						
21		4						
22		4						
23		4						
24		4						
25		4						
26		4						
27		4						
28		4						
29		4						
30		4						
31		4						
32		4						
33		4						
34		4						
35		0						
36		0						
37		1						
38		0						
39		1						
40		4						
41		4						
42		4						
43		4						
44		4						
45		4						
46		4						
47		4						
48		4						
49		4						
50		4						
51		4						
52		4						
53		4						
54		4						
55		4						
56		0						
57		0						
58		0						
59		0						
60		1						
61		1						
62		1						
63		4						
64		4						
65		4						
66		4						
67		3						
68		3						
69		3						
70		3						
71		1						
72		1						
73		1						
74		1						
75		1						
76		1						
77		1						
78		0						
79		0						
80		0						
81		0						
82		4						
83		4						
84		4						
85		4						
86		4						
87		4						
88		4						
89		0						
90		0						
91		0						
92		0						
93		0						
94		0						
95		0						
96		0						
97								
98								
99								
100								
TOTAL IND.	4							
TOTAL DEP.	271							
TOTAL CLAIMS	96							

Total chargeable = 275* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS